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FORM EMST 1

EMERGENCY AND MUNICIPAL SERVICES TAX
EMPLOYER'S RETURN

PAYABLE TO: CITY OF BETHLEHEM
P.O. BOX 500
BETHLEHEM, PA 18016-0500
610-865-7022 TDD 610-865-7015

AUTHORIZED
SIGNATURE _____

DUE ON OR BEFORE

CITY OF BETHLEHEM, PA TAX BUREAU

- | | | | |
|---|---|--|----------|
| 1. Total number of employee's reported herewith | 1 | | 1 |
| 2. Gross amount of tax (Line 1 x) due | 2 | | 2 |
| 3. Penalty 5% | 3 | | 3 |
| 4. Interest ½% per month | 4 | | 4 |
| 5. Total - including any penalty and interest due | 5 | | 5 |

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION HEREIN CONTAINED IS TRUE AND CORRECT

ACCOUNT NO.



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INSTRUCTIONS TO EMPLOYER

1. The total number of employees reported herewith must agree with the total number of EMST 2's "Employee's Deduction Certificates," Copy A, remitted to the Bureau.
2. Forms must be filed on or before due date as shown on the face of the form.
3. In the event that you have no employees from whom you are required to deduct tax IN the period shown, write the word NONE on line one (1) of Form EMST 2 "Employer's Return," sign the form and return to TAX BUREAU, P.O. BOX 500, BETHLEHEM, PA 18016-0500.
4. Retain all extra copies of Form OPT2, "Evidence of Deduction Certificate," for your use when hiring new employees, who do not have a receipt or a "Certificate" from a former employer. Additional forms will be sent, on your request to the TAX BUREAU, P.O. BOX 500, BETHLEHEM, PA 18016-0500.
5. Enclose Self-Addressed, Stamped Envelope for Return Receipt.